

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 24 1957

57 0 2 3 1 8 6
STATE FILE NUMBER

Registration District No. 324 Primary Registration District No. 3072 Registrar's No. 111

1. PLACE OF DEATH a. COUNTY Saline				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Saline			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Marshall				c. CITY OR TOWN Blackwater township			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Fitzgibbon hosp.				d. STREET (If outside, give location) 1 mile south Marshall Jctn.			
Length of stay in lb 2 hours				Reside on Farm Yes No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Ray Middle Lee Last Kirby				4. DATE OF DEATH Month June Day 16th Year 1957			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH May 1st 1949	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student		10b. KIND OF BUSINESS OR INDUSTRY Grade school		11. BIRTHPLACE (City and state or country) Sweet Springs, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME George Richard Kirby				14. MOTHER'S MAIDEN NAME Ellen Elma Fleener			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No				16. SOCIAL SECURITY NO. None		17. INFORMANT Address Mrs Archie Cornine, Marshall Mo.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Fractured skull. Many lacerations							INTERVAL BETWEEN ONSET AND DEATH 2 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Riding in car with George Kirby Father			
20c. TIME OF INJURY Hour 1 a. m. 12 p. m. 6 - 16 - 57				20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Highway 40			
20e. CITY, TOWN, OR LOCATION Blackwater				20f. COUNTY Saline			
20g. STATE Mo							
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at 3-45 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) C. L. Lawless M.D. Coroner Saline Co Marshall Mo				22b. ADDRESS Marshall Mo			
22c. DATE SIGNED 6-17-57							
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 6-18-1957		23c. NAME OF CEMETERY OR CREMATORY Mineral Creek cemetery		23d. LOCATION (City, town, or county) (State) Leaton, Missouri	
24. FUNERAL DIRECTOR Campbell-Lewis, Marshall, Mo.				25. DATE RECD. BY LOCAL REG. 6-17-57		26. REGISTRAR'S SIGNATURE Cecil H. Reed	

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, ~~or by~~....., Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 470

P. O. Address Marshall

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.